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Nursing

NURSING SERVICES AND OPERATIONS

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This instruction implements Air Force Policy Directive (AFPD) 46-1, *Nursing Services*. It establishes Nursing Services guidance for the following: structure, management, functions, standards, and staffing; documentation of nursing care; and nursing research. This instruction should be used with current editions of The Joint Commission Accreditation Manuals; the Accreditation Association for Ambulatory Health Care (AAAHC) Accreditation Manuals; published standards of the American Nurses Association (ANA) for nursing services, practice, and care; and published standards of other national professional nursing organizations, as appropriate. This instruction applies to all Air Force military (active duty Air Force, Air Force Reserve and Air National Guard) and Civil Service Nursing Services personnel plus contractors, volunteers and other personnel attached to or performing nursing activities. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974. The authorities to collect and maintain the records prescribed are Title 10, United States Code (U.S.C.), Sections 133, 2112, 8013, and 8032; 50 U.S.C. 454; and Executive Order 9397 as amended. Forms governed by this instruction include the Privacy Act statement required by AFI 33-332, *Air Force Privacy Act Program*. System of Record Notice, F036 AF A, *Biographical Data and Automated Personnel Management System* and F044 AF SG K *Medical Professional Staffing Records*) apply. The use of the name or mark of any specific manufacturer, commercial product, commodity, or service in this publication does not imply endorsement by the Air Force. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using the AF Form 847, *Recommendation for Change of Publication*; route AF847s from the field through the appropriate functional's chain of command. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 33-363, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) located at <https://www.my.af.mil/afirms/afirms/afirms/rims.cfm>.

SUMMARY OF CHANGES

This revision incorporates the Nurse Corps Chief previous guidance on the following, Nursing Medication Practices (April 2004), Telephone Prescription Call-in by Nursing Staff (April 2005), Nursing Assignment, Staffing and Operational Clinical Sustainment (February 2006 & March 2007), Maintaining Air Force Specialty Codes (March 2007), Use of Privileged Nurse Practitioners Assigned to Clinical Nurse Positions (HQ USAF/SG3O Memo, 20 Dec 06) and Vanderbilt University Acute Care Nurse Practitioners (July 2007). In addition it incorporates guidance from the Assistant Surgeon General, Health Care Operations Memo; Clarification of Use of Privileged Nurse Practitioners Assigned to Clinical Nurses Positions (HQ USAF/SG3O Memo, 20 Dec 06) and (HQ USAF/SG3, June 2008). Other changes include, but are not limited to the inclusive AFSC for all Privileged Advanced Practice Nurses (P-APNs), specific requirements for Active Duty, Air Force Reserve Command and Air National Guard Nursing Services personnel and the use of the electronic Air Force Training Record. Significant changes have been made throughout the publication making it necessary for users to review in its entirety.

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Chapter 1

NURSING SERVICES STRUCTURE AND MANAGEMENT

1.1. Nursing Services. Under the executive leadership of a nursing administrator, as defined in AFD 46-1, Nursing Services is the structure through which services are provided by registered nurses and additional nursing personnel. These include military, government service civilian (GS), contract and volunteer registered nurses. Additional Nursing Services personnel includes GS, contract, and volunteer licensed practical/vocational nurses, aerospace medical service apprentices, journeymen, and craftsmen, medical technicians and other unlicensed assistive personnel all whom reside under the realm of the executive leadership of nursing administrators who are responsible for all aspects of nursing care and practice. The primary goal of Nursing Services is the delivery of the highest quality of competent, compassionate, efficient and cost-effective nursing care to individuals, families, groups, and communities in support of home station and global medical operations.

1.2. Organizational Structure. Nursing Services in active duty medical treatment facilities (MTFs) will be organized in accordance with Air Force Medical Service (AFMS) Flight Path guidance and duty titles will be consistent with the Flight Path. Nursing Services in Air Force Reserve Medical Units (RMUs), Air Force Reserve Command (AFRC) and Air National Guard (ANG) Medical Groups (MDGs) will be organized in accordance with AFRC/SG, ANG/SG as well as local guidance. Nursing Services in AD, AFRC and ANG Aeromedical Evacuation Squadrons will be organized IAW Air Mobility Command guidance and AFI 38-101, *Air Force Organization*.

1.2.1. As the functional advisor for Nursing Services, the Chief Nurse (CN) should be readily identifiable at the executive level on the organizational chart.

1.2.2. The professional nursing “chain of command” is separate and distinct from the official organizational chain of command or line authority. Nursing personnel will activate the functional/professional nursing or clinical “chain” to address nursing issues, concerns, and conflicts concerning but not limited to nursing administration, nursing practice, and nursing care that cannot be resolved at a lower level.

1.2.3. For inpatient MTFs, a senior nurse will be designated as the “in-house” nursing supervisor or administrative nurse on call, and will be available for immediate consultation. Ambulatory care facilities will adopt similar administrative practice and structure as deemed necessary by the CN. The senior nurse is empowered to contact the CN, Chief, Medical Staff, and/or other personnel deemed appropriate to facilitate problem resolution as necessary.

1.3. Responsibilities and Authorities. This AFI establishes the following responsibilities and authorities.

1.3.1. Assistant Air Force Surgeon General, Nursing Services (Chief, Air Force Nurse Corps), is directly responsible to the Air Force Surgeon General. The Chief, Air Force Nurse Corps is appointed by the Secretary of the Air Force and establishes and evaluates nursing guidance and programs plus standards of nursing care and practice for the Total Nursing

Force (active duty Air Force, Air Force Reserve and Air National Guard). This position is established by Title 10, United States Code, Section 8069.

1.3.2. Director, AF Nursing Services is the Assistant Chief, Air Force Nurse Corps. The Assistant Chief, Air Force Nurse Corps evaluates policies and programs and oversees nursing force structure, education and training, force development, staff utilization, and standards of nursing care and practice. This position is also established by Title 10, United States Code, Section 8069.

1.3.3. The Air Force Nurse Corps Board of Directors (AF NC BOD) is the governance structure established to support the Chief, Air Force Nurse Corps and Air Force Nursing Services to meet requirements.

1.3.4. The Air Force Medical Operations Agency (AFMOA) Director/Chief Nursing Operations is responsible for clinical interpretation across the MAJCOMs except for Air Force Reserve Command. This position serves in a force management capacity, identifying and clarifying education and training issues as well as standards of practice for inpatient and outpatient nursing care. Additionally, this office is responsible for nursing manpower authorization tracking and allocation through the Assistant Air Force Surgeon General, Nursing Services. AFMOA collaborates with the Command Nurses in Air Force Reserve Command and in the Air National Guard for delivery of Nursing Services across the Total Nursing Force.

1.3.5. The 4N Career Field Manager is directly responsible to the Director of AF Nursing Services for establishing and evaluating enlisted guidance and programs within nursing career fields.

1.3.6. The Major Command (MAJCOM) Command/Senior Nurse is responsible to the MAJCOM Surgeon (SG) for force development, both officer and enlisted, and for Command unique mission capabilities that involve nursing or have a nursing impact (e.g. MEFPK, aeromedical evacuation, etc.). For immediate nursing issues, the Command/Senior Nurse will serve in a consultative role for the MAJCOM SG.

1.3.7. The Command Nurse, Air Force Reserve Command has oversight for Nursing Services for the Air Force Reserve. As a result, the Command Nurse, Air Force Reserve Command (AFRC) is responsible to the Command Surgeon, AFRC for creating and evaluating nursing guidance and programs. The AFRC Nurse Corps Board of Directors is the governance structure established to support the Command Nurse, AFRC and AFRC Nursing Services to meet mission requirements.

1.3.8. The Command Nurse, Air National Guard has oversight for Nursing Services for the Air National Guard. As a result, the Command Nurse, Air National Guard (ANG) is responsible to the Air Surgeon and Air National Guard Bureau, for developing and evaluating nursing guidance and programs.

1.3.9. The MAJCOM Functional Manager is responsible to the respective MAJCOM Command/Senior Nurse and clarifies supports, interprets, and oversees enlisted nursing functions and manning issues within the command.

1.3.10. The Chief Nurse (CN). Each active duty MTF, AFRC RMU, ANG MDG, and active duty, AFRC and ANG AES will have a CN assigned to direct Nursing Services within the

organization. The CN has primary authority, responsibility and accountability for the standards of nursing practice and the nursing standards of care for individuals and populations served by the organization. The CN is responsible to the unit commander and is a member of the executive team. As a result, the CN collaborates with members at the executive level to meet mission requirements, e.g., planning, designing, and delivering health care services, education and training personnel, allocating resources and monitoring resource utilization and improving organizational performance. The CN is responsible for ensuring the competency of Nursing Services personnel. In addition, the CN will ensure enlisted nursing personnel practice to the achieved skill level IAW the Career Field Enlisted Training Plan (CFETP).

1.3.11. The senior 4N Functional Manager has authority, responsibility, and accountability, in collaboration with the CN, for managing all enlisted nursing personnel assigned or attached to the MTF, RMU, MDG or AES. The senior 4N Functional Manager collaborates with the CN or squadron superintendent in determining enlisted nursing personnel assignments within the organization. The senior 4N Functional Manager is the advisor for the career field education and training requirements and ensures;

1.3.11.1. The 4NXXX practice to the achieved skill level IAW the CFETP.

1.3.11.2. The 4N0X1C practice IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program* and AFMAN 44-158, *The Air Force Independent Duty Medical Technician Medical and Dental Treatment Protocols*.

1.4. Management of Nursing Services.

1.4.1. **Chief Nurse.** Each MTF, Aeromedical Evacuation Squadron, AFRC RMU, ANG MDG and/or, other units with the oversight responsibility for nursing practice and the delivery of nursing care will have a CN assigned in the rank of Major (AFRC and ANG only) Lieutenant Colonel (select), Lieutenant Colonel, or Colonel. The CN will be qualified by advanced education and experience.

1.4.1.1. The CN will direct Nursing Services within the organization. “Direct” does not mean the CN has line authority over those who provide nursing care but rather CN has primary authority, responsibility and accountability for the standards of nursing practice and the nursing standards of care, for individuals and populations served by the organization. The CN is a member of the executive team and collaborates with members at the executive level to meet mission requirements; i.e. planning, designing and delivering health care services, educating and training personnel, allocating resources and monitoring resource utilization, and improving organizational performance. The CN has the authority to speak on behalf of Nursing Services to the same extent other organization leaders speak for their respective disciplines or departments.

1.4.1.2. Active duty CN candidates must be selected by the AF Nurse Corps Development Team CN Selection Board; however, Colonel CNs will be assigned by the Colonel’s Group as part of the “Colonels Game Plan” process. IAW the AFMS Flight Path, the CN may be dual-hatted with responsibilities such as deputy group commander, squadron commander or flight commander.

1.4.1.3. Air Force Reserve Medical Unit CN will be selected by the medical unit commander. The commander may designate a senior nurse in the unit to be the CN, select

a CN from outside the unit or choose a CN from the list of Chief Nurse candidates selected by the AFRC Nurse Corps Development Team.

1.4.1.4. Air National Guard CN will be selected by the medical or AE unit commander.

1.4.1.5. The CN will approve nursing-related guidance and procedures, nursing standards of patient care, and standards of nursing practice. As the functional advisor/senior corps representative, the CN complies with the duties outlined in AFI 44-119, *Medical Quality Operations*, to execute actions for non-privileged healthcare professionals when there is an adverse personnel action, an adverse action involving standard of care or when patient safety is breached.

1.4.1.6. The CN participates in executive-level committees and meetings, which subject matter includes:

1.4.1.6.1. Strategic planning, guidance development, resource management (personnel, material, and budget), human resource development, management, and utilization, quality, patient safety and performance improvement, education and training and inspection compliance (i.e. The Joint Commission, AAAHC, Health Services Inspection).

1.4.1.7. The CN will coordinate nursing assignment actions with squadron and flight commanders for 46XX and with the 4N Functional Manager for 4NXXX personnel.

1.4.1.8. The CN will review Nurse Corps Officer Performance Reports, Promotion Recommendation Forms, and Awards and Decorations for all nurses assigned to their facility. Additionally, they will review performance evaluations on GS nurses.

1.4.1.9. The CN will provide for and promote the professional development of all Nursing Services personnel through:

1.4.1.9.1. Orientation, job rotation, competency assessment, skills verification and sustainment, in-service education and training, continuing education, force development; (to include career counseling and mentoring for military and civilian nurses), communication and novice nurse transitional year oversight.

1.4.1.10. The CN, or a senior nurse designated by the CN, will promote force development (see AFD 36-26, *Total Force Development* and AFI 36-2640, *Executing Total Force Development*).

1.4.1.10.1. The CN or designee meets with all Nurse Corps officers to establish and/or maintain the individual nurse career development plan. Documentation will be placed in the individual nurse's mentoring folder. For AD, this equates to the Airman Development Plan (ADP) and for AFRC, this equates to the Reserve-Officer Development Plan (R-ODP).

1.4.1.10.2. The CN or designee will meet with each nurse (military and GS) in the organization at least annually to discuss career development, goals, strengths and opportunities to improve performance. For AD and AFRC nurses the respective NC Career Path Guide will be used. Documentation will be placed in the individual nurse's mentoring folder. The CN will encourage each nurse to pursue board certifications from the list of approved agencies IAW AFI 41-104, *Professional Board and National Certification Examinations*.

1.4.1.10.3. Promote mentoring as a fundamental responsibility of all AF supervisors. (See AFPD 36-34, *Air Force Mentoring Program*, and AFI 36-3401, *Air Force Mentoring*, for additional guidance).

1.4.1.11. For Air Force Reserve Command, Nurse Corps officers are required to actively practice nursing IAW AFI 36-2115, *Assignments within the Reserve Components*. Active engagement in nursing is defined as a nurse who is employed or working voluntarily in a position that requires a registered nurse (RN). The minimum requirement for active engagement in nursing is 180 hours per calendar year. Additional requirements and documented verification of active engagement is outlined in AFI 36-2115. The CN is required to actively monitor compliance with this requirement and report status to the medical unit executive team annually.

1.4.1.12. In collaboration with the executive team, the CN approves Nursing Services personnel assignments to readiness and disaster teams.

1.4.1.13. Ensure enlisted nursing personnel practice within the scope and to the full extent of their respective Career Field Education and Training Plan (CFETP).

1.4.1.14. The CN promotes and supports active research in the areas of nursing, health, and deployment health and facilitates dissemination of research results and the implementation of evidence-based recommendations for changes in nursing-related activities, to include care and practice. Additionally, the CN supports the application of research (i.e., as it applies to nursing practice in a military context, recruitment and retention of military nursing personnel and in developing and sustaining military nursing competencies).

1.4.1.15. Establishes a liaison with local AD and ARC MTF/medical units to enhance camaraderie and collaboration within the Total Nursing Force, community groups, civilian professional nursing organizations, and educational agencies, as appropriate.

1.4.1.16. Chief Nurses in MTFs will:

1.4.1.16.1. Ensure allocation of nursing resources, orientation and training; and support the development and use of support staff protocols in the execution of the ambulatory care “medical home” model IAW AFI 44-171, *Patient Centered Medical Home and Family Health Operations*.

1.4.1.16.2. Support the implementation of population health management initiatives and the development and execution of Clinical Practice Guidelines (CPGs) and support staff protocols IAW AFI 44-173, *Population Health Management*.

1.4.1.16.3. Support the execution of the clinical Medical Management roles of Case Management, Discharge Planning, Disease Management and Utilization Management IAW DoD and AF guidance, and AFI 44-175, *Clinical Medical Management* in collaboration with MTF executive staff.

1.4.2. **Senior 4N Functional Manager (FM).** Each CN will appoint a senior 4N in writing. This senior 4N FM will have primary responsibility, authority, and accountability for all enlisted Nursing Services personnel. In addition, they will collaborate with the CN in monitoring standards of nursing care and practice and in determining aerospace medical

service technician assignments, to include readiness and disaster team assignments. The senior 4N FM will:

1.4.2.1. Speak on behalf of all enlisted nursing personnel to the same extent other organization leaders speak for their respective disciplines or departments.

1.4.2.2. Collaborate with the CN as a full partner of the executive nursing team.

1.4.2.3. Establish and maintain collegial relationships with other senior enlisted leaders within and outside the organization, including, but not limited to, the Group and Squadron Superintendents.

1.4.2.4. Participate in all decision-making forums related to Nursing Services activities, to include contingency and deployment UTC training/requirements.

1.4.2.5. Ensure enlisted, contract and GS Nursing Service personnel maintain clinical currency and competency to perform assigned responsibilities.

1.4.2.6. Provide for and promote the professional development of all enlisted Nursing Services personnel through:

1.4.2.6.1. Orientation, competency assessment, skills verification and sustainment, in-service education, continuing education, career counseling and mentoring.

1.4.2.7. The 4N FM, or designated senior 4N, will meet with each enlisted Nursing Services staff member, at least annually, to discuss career development and goals, strengths and opportunities to improve performance. Documentation will be made on an AF Form 623a, *On-The-Job Training Record-Continuation Sheet* in the individual's electronic record. Career counseling conducted by the senior 4N for the member does not negate, and should not be considered the same as, the member's supervisor responsibility to provide performance feedbacks IAW AFI 36-2406, *Officer and Enlisted Evaluation System*. Other senior 4N entries that are required to be entered into the electronic record include; member's assignment to Unit Type Code (UTC) and deployment band, review of member's electronic record by the senior 4N or designee, Career Development Course (CDC) electronic record documentation review/member interview prior to CDC End-Of-Course (EOC) testing, and pre-deployment review of the member's electronic record to ensure member meets all requirements prior to deployment.

1.4.2.8. Review performance reports, awards and decorations of enlisted Nursing Services personnel.

1.4.2.9. Promote mentoring as a fundamental responsibility of all AF supervisors (See AFPD 36-34, *Air Force Mentoring Program*, and AFI 36-2618, *The Enlisted Force Structure*, for additional guidance).

1.4.2.10. Encourage and facilitate research in the areas of nursing, health, and deployment health. The 4N FM supports application of research as it applies to nursing practice in a military context, recruitment and retention of military nursing personnel, and developing/ sustaining military nursing competencies.

1.4.3. Senior Nurses and Senior Enlisted Nursing Leadership. Senior nurses and senior enlisted nursing personnel will:

1.4.3.1. Provide clinical and administrative leadership and expertise.

1.4.3.2. Supervise, direct, and manage nursing activities within their work setting and are accountable to the CN and Senior 4N FM for nursing care and practice.

1.4.3.3. Serve as the link between nursing services personnel and other health care disciplines throughout the organization.

1.4.3.4. Senior nurses and senior enlisted personnel, in collaboration with others, will:

1.4.3.4.1. Communicate organizational vision, mission, plans, and standards. Promote strategic communication at all levels within the organization.

1.4.3.4.2. Implement the organizational vision, mission, plans, and standards within their defined area of responsibility.

1.4.3.4.3. Participate, and facilitate participation of staff, in guidance and decision-making.

1.4.3.4.4. Identify and request required resources, and allocate available manpower, budget, material, and space appropriately.

1.4.3.4.5. Maintain a safe environment for staff and patients.

1.4.3.4.6. Assure sufficient numbers and mix of qualified, competent nursing staff are available to meet mission requirements and patient care needs.

1.4.3.4.7. Assign patient care based on the caregiver's knowledge and skills, as well as the needs and condition of the patient and his/her significant other(s).

1.4.3.4.8. Advocate on behalf of the patient and his/her significant other(s).

1.4.3.4.9. Assess the staff's learning needs and provide for orientation, training, in-service, and continuing education to maintain and improve staff competence.

1.4.3.4.10. Ensure training is documented in the electronic training record.

1.4.3.4.11. Evaluate performance of assigned personnel, reinforce desired performance through recognition and positive feedback and initiate appropriate administrative action when necessary.

Chapter 2

NURSING FUNCTIONS AND ROLES.

2.1. Nursing Functions. Nursing functions include, but are not limited to:

2.1.1. Implementing the nursing process, a systematic method for initiating independent nursing actions. Steps in the nursing process are applied within the individual's defined scope of practice and include: assessing the patient, determining the nursing diagnosis (es), identifying expected patient outcomes, creating a plan of care to achieve expected outcomes, implementing appropriate interventions, and evaluating the effectiveness of interventions for possible modification.

2.1.2. Providing oversight for patient care activities in a variety of inpatient and outpatient setting.

2.1.2.1. Inpatient care oversight will be guided by DoD, AF, The Joint Commission, standards as well as the ANA and other appropriate professional nursing standards; and applicable state practice acts.

2.1.2.2. Ambulatory care oversight will be guided by DoD, AF, and AAAHC standards as well as the ANA and other appropriate professional nursing standards; and applicable state practice acts.

2.1.3. Addressing age-specific and cultural distinctions, pain management, and other matters relevant to the appropriate and comprehensive care of patients.

2.1.4. Executing the prescribed therapeutic medical regimen.

2.1.5. Planning and coordinating care in a collaborative, interdisciplinary team approach.

2.1.6. Acting as the patient's and/or family's advocate.

2.1.7. Educating and counseling the patient and/or family/significant other.

2.1.8. Applying population health concepts to promote healthy lifestyles, to prevent disease and injury, to maximize force enhancement and protection, and to prevent and minimize disease impact on those with chronic illnesses and conditions.

2.1.9. Promoting and supporting the utilization of appropriate templates, overprints, support staff protocols (SSPs), CPGs, processes and tools to provide efficient, cost-effective, coordinated care

2.1.10. Creating and maintaining a safe physical and psychological patient care environment.

2.1.11. Reducing the risk of medical errors.

2.1.12. Identifying, advocating for, and optimizing resources to achieve desired outcomes.

2.1.13. Continuously assessing and improving performance in nursing care and practice.

2.1.14. Delivering evidenced-based care by applying research findings to nursing practice.

2.1.15. Conducting planned and systematic processes to assess, measure, evaluate and improve nursing care and practice.

2.1.16. Promoting force development.

2.2. Nursing Roles.

2.2.1. **Registered Nurses (RN).** All registered nurses (military, GS, contract, and American Red Cross volunteers) will maintain current, valid, and unrestricted licenses to practice IAW AFI 44-119, *Medical Quality Operations*.

2.2.2. **Privileged and Non Privileged Advanced Practice Nurses (APNs).** Education, licensure, and certification requirements and scope of practice for Certified Registered Nurse Anesthetists, Certified Nurse Midwives and Nurse Practitioners are as defined in AFI 44-119.

2.2.2.1. Privileged Advanced Practice Nurses (P-APNs).

2.2.2.1.1. P-APNs must be in authorized APN billets to function in a provider role. NPs will obtain appropriate privileges IAW AFI 44-119, prior to assuming provider responsibilities.

2.2.2.1.2. P-APNs who are in non-direct patient care billets (i.e. Chief Nurse, command billets, etc) may function as providers to maintain currency. The Chief, Medical Staff and Chief, Nursing Services, IAW MTF procedures, will establish written guidance on the use of these providers.

2.2.2.1.3. The P-APN AFSC (46YX) clearly identifies those nurses requiring an advanced degree and credentialing for clinical practice. **Table 2.1** depicts the previous and current AFSCs. Air Force Reserve Command and Air National Guard P-APNs assigned to clinical nurse positions may function in the provider role, if appropriately privileged.

Table 2.1. P-APN AFSCs

Nomenclature	Previous	Current
Women's Health Care Nurse Practitioner	46NXA	46YXA
Pediatric Nurse Practitioner	46NXB	46YXB
Acute Care Nurse Practitioner	46NXC	46YXC
Family Nurse Practitioner	46NXH	46YXH
Psychiatric Mental Health Nurse Practitioner	46PXA	46YXP
Certified Nurse Midwife	46GX	46YXG
Certified Registered Nurse Anesthetist	46MX	46YXM

2.2.2.2. Non Privileged Advanced Practice Nurses (APNs)

2.2.2.2.1. The APN as a Clinical Nurse Specialist must be Masters prepared and maintain national certification by an accredited agency for their specialty.

2.2.3. **Independent Duty Medical Technicians (4N0X1C).** 4N0X1Cs are non-licensed physician extenders who perform patient examinations and render medical/dental treatment and emergency care IAW AFI 44-103 and AFMAN 44-158.

2.2.4. **Aerospace Medical Service Technicians (4N0XXX).** Aerospace medical service technicians practice IAW the 4N0X1/B/C CFETP under the direction of a registered nurse or privileged provider. Aerospace medical service technicians, E1-E8, must maintain, at a minimum, certification from the National Registry of Emergency Medical Technicians

(NREMT) as an Emergency Medical Technician-Basic (EMT-B) (See the Air Force Enlisted Classification Directory on the AFPC website for further guidance). When filling a 4N091 UTC, CMSgt(s) will maintain current NREMT-B certification. NREMT-B certification is a mandatory requirement for Surgical Services Technicians.

2.2.5. Surgical Service Technicians (4N1XXX). Surgical service technicians practice IAW the 4N1X1/B/C/D CFETP.

2.2.6. Licensed Practical/Vocational Nurses (LP/VNs). LP/VNs (GS and Red Cross volunteers) will maintain current and unrestricted licenses to practice. Contract LP/VNs and volunteer LP/VNs who are other than Red Cross not residing in Nurse Licensure Compact (NLC) states must be licensed in the same state where the MTF in which they work is located.

2.2.7. Civilian Unlicensed Assistant Personnel (UAP). UAP are individuals who are trained to function in an assistive role to the registered professional nurse or privileged provider. If authorized, they will practice IAW with AFI 44-119.

Chapter 3

STANDARDS OF NURSING CARE AND PRACTICE.

3.1. Definition of Nursing Care. Every organization must define nursing care and identify areas in the facility/unit where nursing care is delivered. Definitions of nursing care are based on the nursing process. Consider the following in developing the organization-specific definition of nursing care:

- 3.1.1. The applicable state nurse practice act where applies.
- 3.1.2. Department of Defense (DOD) guidelines, AF policies, directives and instructions.
- 3.1.3. The standards of clinical nursing practice published by professional nursing organizations.
- 3.1.4. Nursing Scope and Standards of Practice, current edition, American Nurses Association.

3.2. Standards of Nursing Care. Standards of care are authoritative statements that describe a competent level of nursing care as demonstrated by the nursing process through assessment, diagnosis, outcome identification, planning, implementation, and evaluation.

- 3.2.1. The Standards of Care chapter in the “Standards of Clinical Nursing Practice” published by the ANA forms the basis for professional nursing care within AF Nursing Services.
- 3.2.2. The CN ensures written administrative and clinical guidance and procedures directing the provision of nursing care are current and available in all patient care areas. At a minimum, directives should address:
 - 3.2.2.1. Standards published by professional nursing organizations adopted for use.
 - 3.2.2.2. Specific nursing standards of care if required by regulatory agencies including the DoD, AFMS, The Joint Commission, and AAAHC.
 - 3.2.2.3. Method(s) to measure, assess, and improve patient outcomes.
 - 3.2.2.4. Method(s) to review and revise standards of care, including review by the CN.

3.3. Standards of Nursing Practice. Standards of practice are authoritative statements that describe a level of care or performance common to the profession of nursing by which the quality of nursing practice can be judged. The “Code for Nurses” and the Standards of Professional Performance Chapter in the “Standards of Clinical Nursing Practice” published by the ANA form the basis for a competent level of behavior expected of AF Nursing Services personnel.

3.4. Scope of Practice. Scope of practice refers to the range of responsibilities/activities registered nurses and/or other licensed nursing service personnel are educated, trained and authorized to perform.

3.5. Authorization for Extended Scope of Practice. The Air Force may, for the purpose of its mission, utilize nurses for tasks that may be beyond those authorized by the state that issued the

individual's license. Similarly, aerospace medical service technicians may be asked to perform tasks beyond their achieved skill level training outlined in their CFETP.

3.5.1. Utilization of nurses and aerospace medical service technicians (4NXXX) for extended scope of practice must meet three criteria:

3.5.1.1. The expanded scope of the task or procedure must be mission essential.

3.5.1.2. The member must be trained for the expanded scope by a competent trainer and that training must be documented.

3.5.1.3. The expanded role is restricted solely to military mission performance; it requires annual review and approval.

3.5.2. When the medical leadership or health care team decides an RN needs to perform clinical tasks outside his/her scope of care, or a 4N needs to perform tasks not in the CFETP, the organization must request a Scope of Practice Waiver along with a copy of the lesson plan for waiver approval. Such requests will be coordinated through the MTF SGH/SGN/4N FM, MTF/CC, AFMOA/SGH/SGN, AF/SG1N (Director, Nursing Services/4N Career Field Manager). The AF 4N0X1/4N1X1 Career Field Manager considers and grants waivers as appropriate for enlisted matters. All Scope of Practice Waivers must be accomplished IAW AFI 44-119, Chapter 7.

3.6. Nursing Responsibilities. Include but are not limited to the following high risk problem prone areas:

3.6.1. Telehealth Nursing.

3.6.1.1. Telehealth nursing, as defined by the AACN, is the delivery, management, and coordination of care and services provided via telecommunications technology within the domain of nursing. It includes any encounter that results in assessment and management of acute and episodic health care concerns, health maintenance and promotion, disease prevention and management, patient education and counseling, patient advocacy, case management, and coordination of care for patients throughout the health care system. Telehealth nursing includes such components as nursing triage, home care advice which might be considered part of the triage process, providing health care information such as lab and radiology results, and care coordination.

3.6.1.2. Telehealth nurses are licensed registered nurses with at least three years of clinical experience in various settings who have demonstrated appropriate knowledge and skills necessary to provide safe and effective telehealth nursing care and service. This requirement for 3-5 years of "demonstrated competence in all aspects of nursing care and independent decision making" comes from American Academy of Ambulatory Care Nursing (AACN) "A Guide to Ambulatory Care Nursing Orientation and Competency Assessment" (2005). The years of experience can be waived on a case-by-case basis as assessed and recommended by the local CN to the Air Force Medical Operations Agency (AFMOA) CN. Clinical experience in pediatrics, obstetrics and medical-surgical nursing is highly desirable.

3.6.1.2.1. Telehealth nursing practice requiring patient triage, home care advice and involving symptom-based decision-making will be guided by the use of clinical

decision support tools that are verified and documented according to nursing practice standards.

3.6.1.2.2. Nursing service personnel use of nationally recognized nursing triage protocols, algorithms, or guidelines will be coordinated between the CN and Chief of Medical Staff, and approved and reviewed initially and at least annually by the Executive Committee of Medical Staff (ECOMS).

3.6.1.3. All telehealth calls involving *nursing* decision-making will be documented as telecons in Armed Forces Health Longitudinal Technology Application (AHLTA) and coded appropriately. Symptom-based calls requiring decision-making will be signed by the nurse providing care and reviewed and co-signed by a privileged provider within 24 hours.

3.6.1.4. Telehealth nursing is not meant to be the primary function of the ambulatory care nurse. Process improvement efforts should be carried out locally to channel calls to the appropriate office, such as calls that might be more appropriately handled by Referral Management, TRICARE, Disease Management, or Case Management. Additionally, internal processes should be evaluated and managed to maximize effectiveness of each clinic's telehealth nursing practice, such as MTF procedures for medication renewals.

3.6.1.5. The CN is responsible for ensuring local guidance and procedures for telehealth nursing practice are written to include such parameters as: the clinical decision support tools, protocols, guidelines and the documentation requirements; appropriate staff training and competencies documentation; clinical chain of command; deviation from protocol guidance; and a peer review process.

3.6.1.6. MTF guidance and procedures for telehealth nursing practice should mirror AAACN's Telehealth Nursing Practice Administration and Practice Standards, current edition.

3.6.2. Medication Practice. Patient safety is paramount. The CN must ensure medication administration is conducted IAW DOD and Air Force guidance, accepted standards of practice as defined by The Joint Commission and National Patient Safety Standards. Nursing Services personnel must comply with The Joint Commission "Do Not Use" terminology, the National Patient Safety Goals, as well as the following basic principles of medication practice.

3.6.2.1. Licensed Registered and Vocational nurses may administer medications IAW their scope of practice after successful completion of the computational pharmacology and medication administration test per local guidance, and competency is validated and documented in the member's CAF or electronic equivalent.

3.6.2.2. 4N0s may administer medications after completion of: 5-Level CFETP training, and a computational pharmacology and medication administration test. Competency will be validated and documented in the member's CFETP.

3.6.2.2.1. Section-specific medication administration lists will be coordinated with the CN and Chief, Medical Staff; and approved by ECOMS. Aeromedical Evacuation Squadrons, RMUs and ANG MDGs will coordinate medication

administration lists with the senior physician and the Executive Management Committee (or equivalent).

3.6.2.2.2. 4N0s will not accept verbal orders for medication administration. (Exception: IDMTs/Paramedics/4N0 7-9 levels may function within their CFETP with appropriate training and validation).

3.6.2.2.3. 4N0s will not give narcotics. (Exception: IDMTs/Paramedics/4N0 7-9 levels may function within their CFETP with appropriate training and validation).

3.6.2.2.4. IDMTs/Paramedics/4N0 7-9 levels may administer intravenous medications IAW with their CFETP and with appropriate training and validation.

3.6.2.3. The individual preparing medication must be the person to administer it.

3.6.2.4. A prepared medication must never be left unattended. If it is not going to be immediately administered, it must be labeled with the drug, dosage, time of preparation and initials of preparer.

3.6.2.5. Nursing Services personnel must have thoroughly written, dated, signed orders for medication administration to include the name of the drug, dosage of the drug, route of the drug, and frequency or time of administration. ***In the AD MTF outpatient setting, a prescription placed in Armed Forces Health Longitudinal Technology Application (AHLTA) to the pharmacy does not constitute an order for medication administration purposes.***

3.6.2.6. Injectable medications will be checked for clarity, foreign particles, and expiration date before the medication is prepared. If the medication does not pass this quality check, it will not be used and will be returned to the pharmacy.

3.6.2.7. Medications will be prepared using the Three Step Rule:

3.6.2.7.1. Read the label before removing from the medication storage area or packaging.

3.6.2.7.2. Read the label just before preparing the medication.

3.6.2.7.3. Read the label before returning the multi-dose vial back to the storage area or administering to the patient.

3.6.2.7.4. Validate any allergies listed in the medical record with the patient prior to medication administration.

3.6.2.8. Administer the medication using the five rights:

3.6.2.8.1. Right patient. Use two forms of identification per local guidance; i.e., birth date, social security number, arm band, ID card).

3.6.2.8.2. Right drug.

3.6.2.8.3. Right dose. Have another qualified staff member validate any dosage calculations required; notify the ordering provider of any dosage concerns considering the patient's age, weight, sex, medical condition.

3.6.2.8.4. Right route.

3.6.2.8.5. Right time.

3.6.2.9. After administration of the medication, the following will be documented in the patient's record and should include:

3.6.2.9.1. Date and time medicine was given.

3.6.2.9.2. Name of the drug.

3.6.2.9.3. Dose administered.

3.6.2.9.4. Route (PO, IM, SQ, IV).

3.6.2.9.5. Location (i.e., left deltoid, right upper outer quadrant gluteus maximus).

3.6.2.9.6. Patient teaching or instruction (i.e., side effects, safety— "remain in bed" or "remain for 20 minutes and report any allergic reaction symptoms").

3.6.2.9.7. Expected effects of the medication (i.e., pain or nausea relief).

3.6.2.9.8. Actual effects of the medications must be documented prior to the patient's release from the outpatient setting or within a specified period of time in the inpatient setting.

3.6.2.10. Intravenous Therapy.

3.6.2.10.1. The order for intravenous therapy must include:

3.6.2.10.2. Type of solution.

3.6.2.10.3. Amount of solution to be infused.

3.6.2.10.4. Rate of infusion.

3.6.2.10.5. Documentation of intravenous therapy must include:

3.6.2.10.6. Date and time of cannulation.

3.6.2.10.7. Full location of cannulation (back of left hand; right antecubital).

3.6.2.10.8. Length and gauge of the catheter.

3.6.2.10.9. IV solution started, the amount, and drip rate.

3.6.2.10.10. Legible initials, signature, rank.

3.6.2.10.11. IV bags will be labeled with the following:

3.6.2.10.12. Clearly legible label indicating any additives to the solution.

3.6.2.10.13. Time hung.

3.6.2.10.14. Number of the bag infusing (i.e., Bag #1, Bag#2, etc).

3.6.2.10.15. IV rate (Keep Open—KVO; or timed tape if no IV pump available).

3.6.2.10.16. Initials of the individual hanging the solution.

3.6.2.11. Dispensing of Medications: IAW AFI 44-102, the ordering privileged provider is ultimately responsible for the dispensing of medications outside of the Pharmacy setting. The issuing of prepackaged medications to a patient will be done according to the following procedure:

3.6.2.11.1. Any staff member on the Authorized Access List for automated and non-automated drug storage equipment may remove the prescribed medication.

3.6.2.11.2. The medication will be given to the ordering privileged provider for completion of labeling information and validation before the medication is provided to the patient.

3.6.2.12. Medication Ordering Practices (nurses): Only P-APNs are allowed to prescribe medications within the MTF. IDMTs can order medications IAW AFMAN 44-158; however, non-privileged Registered Nurses working in MTFs are authorized to process requests for refill medications in CHCS/AHLTA only under the following circumstances:

3.6.2.12.1. The nurse can assess the patient's need for continued use.

3.6.2.12.2. The nurse ensures the patient has been on the medication previously and has run out of refills.

3.6.2.12.3. The nurse uses approved support staff protocol guidance to determine if the patient is having problems with the prescribed medication.

3.6.2.12.4. The nurse is expected to gather a pertinent history, obtain any relevant preliminary diagnostic test results as required, and provide patient education/instruction on the medication usage, side effects, plan of care and front line prevention as appropriate.

3.6.2.12.5. The nurse will enter the correct medication order into AHLTA and complete a telecom or AHLTA template with all pertinent information. The document will be forwarded to the ordering provider for co-signature.

3.6.2.12.6. Registered Nurses and IDMTs cannot renew controlled substances, corticosteroids and psychotropics. In addition, Registered Nurses cannot renew antibiotics.

3.6.2.12.7. All registered nurses inputting medication in CHCS/AHLTA must have documented training in order entry, computational pharmacology and medication administration.

3.6.2.12.8. In MTFs, Primary Care Managers (PCMs) or competent trainers must train the registered nurse on the use of the protocols and document the training in the nurse's CAF or electronic equivalent.

3.6.2.12.9. In MTFs, PCMs or competent trainer will review registered nurse competency annually. If at any time a registered nurse is found to be deficient in the use of protocols they will have the medication ordering protocol/function removed from their scope of practice.

3.6.2.13. Prescriptions to Outside Pharmacies. AF nursing personnel may not call in prescriptions to pharmacies. In the event a patient is unable to pick up a written prescription, nursing services personnel may fax the prescription to the designated pharmacy if the pharmacy and the patient's provider concur with this practice, and with permission of the patient.

3.6.3. **Support Staff Protocols (SSPs).** For Use in MTFs. Support Staff Protocols can be used in the ambulatory care setting for providing coordinated care for high volume, low or

high risk symptoms and/ or diagnoses. Examples: sore throat/strep culture protocol (high volume/low risk); depression screen protocol (high volume/high risk); chest pain protocol (low volume/high risk). SSPs are intended to increase patient access to care, reduce variations in clinical practice and increase the support staff's clinical competency and currency. Protocols are intended to augment, but never substitute, for a provider or nursing assessment of a patient. The privileged provider is ultimately responsible for the assessment and care of the patient.

3.6.3.1. SSPs will be coordinated between the MTF SGN and SGH.

3.6.3.2. SSPs will include the following elements:

3.6.3.2.1. Evidence-based practice. Evidence-based practice is a problem solving approach to the delivery of health care that integrates the best evidence from clinical inquiry and combines it with patient preferences and values and nursing personnel expertise.

3.6.3.2.2. Flow chart which outlines patient flow through a given process and includes exclusionary criteria that identifies when the encounter is no longer within the scope of practice for support staff (i.e., "If temp of 102 degrees, must be seen by provider").

3.6.3.2.3. Training Plan that identifies resources and/or references for the evidence-based practice that the support staff protocol is based upon.

3.6.3.2.4. Training of support staff protocols should be documented in training record for aerospace medical service technicians and RNs.

3.6.3.2.5. Standardized documentation of encounter using AHLTA template or questionnaire.

3.6.3.2.6. Periodic peer review both an initial and annual review.

3.6.3.3. SSPs will be co-signed by the PCM.

3.6.4. **Clinical Inquiry.** Clinical inquiry is the ongoing process of questioning and evaluating nursing practice, providing informed patient care, and creating practice changes through research utilization and experiential learning (American Association of Critical Care Nurses, *The AACN Synergy Model for Patient Care*).

3.6.4.1. Nursing Services personnel will promote the best patient outcomes through participation in clinical inquiry at multiple levels of expertise, ranging from knowledge of research evidence to conducting research.

3.6.4.1.1. Consultation and mentoring with research activities can be provided by nurse researchers and/or DNP/PhD assigned to the MTF and/or a research cell within the AFMS. A list of these researchers can be found on the Nurse Corps Homepage at <https://kx.afms.mil/nurseresearch>.

Chapter 4

VERIFICATION OF NURSING COMPETENCY.

4.1. Definition of Competency Assessment. Competency assessment is a continuous process that includes but is not limited to orientation, license verification, certification maintenance, in-service training, continuing education and skills/task performance. The right skill mix, job knowledge, and appropriate competency levels of staff are critical factors in providing quality patient care and customer service. Competence is the ability of a staff member to apply decision-making, psychomotor, and interpersonal skills at the level of knowledge expected for the current duty position. Competency is demonstrated by performance in a designated setting, consistent with established standards of performance determined by the work setting and the individual's role in that setting.

4.2. Competency Assessment. IAW The Joint Commission and AAAHC standards, the CN and the 4N FM are responsible for ensuring the competence of all nursing staff members is assessed, maintained, demonstrated, and improved.

4.2.1. To meet The Joint Commission and AAAHC intent for a periodic competency assessment, the CN and 4N FM should ensure that:

4.2.1.1. There is a job description for each nursing service position. Job descriptions should contain items such as job title, work location, job summary, duties, and responsibilities, equipment used, supplies and forms used, supervision given or received, age of population served, working conditions and hazards. Basic job descriptions for nursing AFSCs can be found in the Air Force Officer Classification Directory. Basic job descriptions for enlisted nursing AFSCs can be found in the Air Force Enlisted Classification Directory. It is recommended these be used as baseline documents and should be tailored to include the staff member's role.

4.2.1.2. There are performance standards for all positions, including age-specific competence and pain management, as appropriate.

4.2.1.3. The job-specific orientation is completed during orientation process IAW AFI 36-2201V3, *Air Force Training Program on the Job Training Administration*.

4.2.1.4. There is a tracking system in place to ensure competency assessments are conducted.

4.2.1.5. There is a system of documentation to ensure that staff competency assessments are completed on schedule, IAW their performance standards. Documentation of standards review will be in the member's CAF or electronic equivalent.

4.2.1.6. A report will be submitted to the MTF/RMU executive team annually on Nursing Services competence. The report may include but not limited to relevant patterns and training needs and competence maintenance activities.

4.2.2. Enlisted Nursing Personnel. Competency requirements for aerospace medical service technicians and surgical service technicians are outlined in their respective CFETP, Part II, Section F, and Documentation of Training. Reference AFI 36-2201, *Developing, Managing, and Conducting Training*, for use of the CFETP to plan, conduct, evaluate, and document

enlisted training. Core competencies for aerospace medical service technicians are found in the CFETP, Part II.

4.2.3. Privileged Advanced Practice Nurses (P-APNs). Skills assessment and competency evaluation of P-APNs who are privileged providers is accomplished through the credentials and privileging function described in AFI 44-119. P-APNs, regardless of assignment, will maintain certification and privileges in a MTF to continue clinical practice.

4.2.4. AF Nursing Services Competency Assessment Checklists. Mosby's Nursing Skills (MNS) is the standard basic clinical nursing procedure reference for Nurse Corps competencies. MNS is located on the Knowledge Exchange (Kx), in the virtual library, at <https://kx.afms.mil>. The CN, in collaboration with other nursing leaders, will determine which competency assessment checklists will be applied within the MTF.

4.3. Readiness Skills Verification (RSV) Program. It is the responsibility of the CN and 4N FM to ensure Nursing Services personnel are clinically current and prepared to meet medical readiness requirements during home station, humanitarian assistance, homeland security/defense, disaster response and global medical operations. They will coordinate efforts in matching Nursing Services personnel to UTC assignments and taskings.

4.3.1. All Nursing Services personnel will comply with AFI 41-106, *Unit Level Management of Medical Readiness Programs*

4.4. Operational Clinical Skills Sustainment. Given the challenges of today's Expeditionary Air Force, all Nursing Service members must have current operational clinical skills to meet UTC and home station mission requirements.

4.4.1. All nurses, CNs and below, will sustain operational clinical currency within their primary AFSC IAW their respective RSVs.

4.4.2. Obstetrical Nurses (46N3G) are valid UTC substitutions for the 46N3 AFSC. These officers need to ensure operational currency IAW their primary RSVs as well as be able to perform duties in her/his mobility AFSC.

4.4.3. For Air Force Reserve Command nurses and aerospace medical service technicians, operational clinical sustainment opportunities exist via specific AD MTFs as well as Veterans Administration and civilian Level 1 Trauma Centers in the U.S.; AFRC's Sustainment Training to Advance Readiness Skills (STARS) training site at Lackland AFB, Texas; as well as through the Air Force's Sustaining Trauma and Resuscitation Skills Program (STARS-P) and associated Modeling and Simulation centers across the U.S. These opportunities will be available to Reservists during Unit Training Assemblies and Annual Tours; rotations will be coordinated with AFRC SGX.

4.4.4. Air National Guard nurses and medical technicians, operational clinical sustainment opportunities exist in specific AD MTFs as well as Veterans Administration and civilian Level 1 Trauma Centers in the U.S.; AFRC's Sustainment Training to Advance Readiness Skills (STARS), CSTARS, and Readiness Frontiers. These opportunities will be available to Guardsman during Unit Training Assemblies and Annual Tours.

4.5. Air Force Specialty Codes (AFSCs) and Special Experience Identifiers (SEIs). It is imperative that key AF organizations are able to correctly identify current clinical and administrative capabilities/AFSCs Nursing Services personnel possess (i.e., Air Force Personnel

Center, Air Reserve Personnel Center, Air National Guard Bureau, Air Force Reserve Command, and the Air Expeditionary Forces Center).

4.5.1. To ensure maintenance of all mission-relevant AFSCs, the CN, or equivalent, will review their NC officers' military and civilian credentials, education, and experience to determine if the officers meet the criteria for the award of additional AFSCs, IAW the on-line Air Force Officer Classification Directory (AFOCD). The CN will identify the primary, secondary, and/or tertiary entry or fully qualified AFSCs on an AF Form 2096, *Classification/On-The-Job Training Action*, and forward the form with supporting documentation to the appropriate Commander's, Support Staff (CSS)/Military Personnel Flight for processing.

4.5.1.1. For officers possessing more AFSCs than the SURF can accommodate, the 46N3E (Critical Care Nurse), 46N3J (ED/Trauma Nurse), and 46F3 (Flight Nurse) will have priority. The 46F3 will only be the primary AFSC while the NC officer holds a 46F3 authorization while on active flying status. CN's should contact AFMOA or MAJCOM nurses for further guidance on AFSC prioritization.

4.5.1.2. To improve force management, the primary AFSC will be determined based on selected criteria outlined in AFI 36-2101, *Classifying Military Personnel (Officer and Enlisted)*.

4.5.1.2.1. 46AX and 46FX AFSCs will only be used as a duty AFSC or awarded as a secondary or tertiary AFSC and not as a primary AFSC (except as noted in 4.5.1.1 above and 4.5.1.2.3 below).

4.5.1.2.2. Air National Guard Nurse Corps officer's duty AFSC, including prefixes, suffixes, and skill levels, must match the authorized unit manpower document position.

4.5.1.2.3. Air Force Reserve Command Nurse Corps officers are authorized 46FX as a primary AFSC only when assigned to a 46F UMD position.

4.5.1.3. Only Nurse Corps officers who meet the following mandatory criteria will be awarded the 46A3 as a secondary or tertiary AFSC:

4.5.1.3.1. Minimum of 12 months experience as a CN, squadron commander or group commander.

4.5.1.3.2. Completion of the Air Force Medical Service Intermediate Executive Skills (IES) course. (IES can be waived for AFRC Nurse Corps Officers by AFRC IES Waiver requests to AFRC/SGN). IES attendance is encouraged but not mandatory for ANG CNs.

4.5.2. To ensure maintenance of all mission-relevant SEIs, 4N FMs will ensure all assigned enlisted personnel have the correct SEI listed in the Military Personnel Data System.

4.6. Award of 46YX for Non-AF sponsored APNs. Use the following process for Non-AF sponsored APNs or clinical nurses who have achieved an advanced academic degree and want to be considered for privileging and utilization in an APN billet (applies to AD APNs only).

4.6.1. The requesting nurse will submit an application including a letter of recommendation from the MTF CN, interview and recommendation by the AF/SG consultant for the specialty, and proof of licensure and certification as an APN to AFPC/DPAMN.

4.6.1.1. AFPC/DPAMN will forward the application to the AF Nurse Corps Development Team (DT) for review.

4.6.2. The DT will review the application to determine if the nurse meets the criteria for the award of 46YX and may award the 46YX if one of the following conditions can be met;

4.6.2.1. A valid billet exists for the specialty 46YX at nurses' current duty location.

4.6.2.2. A valid billet exists for the specialty 46YX in another duty location and the nurse is eligible to move.

4.6.3. The Nurse Corps officer may only practice in the APN role if they are filling an authorized billet in one of the advanced practice specialties for the AFSC. **P-APNs cannot practice if they are not in a P-APN billet. An exception applies to those who have been awarded and practiced in an authorized P-APN billet and need to maintain currency while assigned to a non-clinical position (e.g. Commander, Chief Nurse, Staff position).**

Chapter 5

NURSING STAFFING NEEDS IN ACTIVE DUTY MTFs.

5.1. Medical Annual Planning and Programming/Resourcing. The planning, programming and resourcing process defines the number and type of personnel required to fulfill the organization's mission. The CN and 4N FM are required to participate in the development and execution of the current year Business Plan, next-year Financial Plan and Program Objective Memorandum (POM) distribution plan for the out years. The CN and Senior 4N FM will review results of resourcing tools to ensure the appropriate placement and grading of manpower to provide safe patient care.

5.2. Nurse Assignments and Staffing.

5.2.1. Facility staffing priorities will be based on greatest needs to sustain both inpatient and outpatient missions and needs of the Air Force. ICUs, inpatient medical/surgical units, ORs, EDs and PACUs provide robust UTC clinical training opportunities and should be considered priority clinical platforms for currency sustainment.

5.2.1.1. Nurse Utilization Officers at AFPC in coordination with the MTF SGN will ensure staffing fill rates are based on currency sustainment and needs of the Air Force. AFPC will ensure highest priority areas are filled at levels equal to or above the staffing rate of lower priority areas.

5.2.1.2. The CN will make every effort to execute local staffing assignments to ensure highest priority areas are filled at levels equal to or above the staffing rate of lower priority areas.

5.2.1.3. NC DT must approve consecutive assignments outside clinical training platforms.

5.3. Staffing Effectiveness. Standards require the availability of an adequate number of competent staff to provide nursing care. Each MTF must have a process or mechanism in place to monitor nursing workload and procedure(s) to adjust staffing in response to workload fluctuation. As a minimum, the ANA recommends the following factors be considered in determining nursing staffing requirements: patient volume, levels of intensity of patients for whom care is being provided, contextual issues including architecture and geography of the environment and available technology, and level of preparation and experience of those providing care. Increased nursing workload could require use of on-call staff, contract staffing, or the diversion of patients to other units/agencies for care.

Chapter 6

DOCUMENTATION OF NURSING CARE.

6.1. Documenting Nursing Care. The CN is responsible for ensuring guidelines are in place for documenting direct nursing care and other patient encounters such as telephone contacts. The guidelines must be consistent with documentation standards. At a minimum, documentation should include: patient assessment, direct/indirect care provided, patient response to that care, and patient/family education and their understanding of the information provided. Additional guidelines on administration of medical records can be found in AFI 41-210, *Patient Administration Functions*.

6.1.1. In-Patient Documentation. Nursing staff will comply with the use of approved and established Electronic Health Records, such as ESSENTRIS, when available. The documentation process used will be approved by the CN and ECOMS or Nurse Executive Committee in each MTF.

6.1.2. Outpatient Documentation. Electronic documentation in CHCS/ AHLTA is preferred. Face-to-face and telephonic encounters will be entered and coded IAW current coding guidelines.

6.1.2.1. Use of computer-based templates, questionnaires and AHLTA COMPAS AIM forms are encouraged.

6.1.3. Nursing documentation accomplished on paper will be made in reproducible black or blue-black ink.

6.1.3.1. Errors will be corrected by lining through the incorrect entry (with blue or black ink only), annotating correct information next to the lined-through data if space permits and initialing and dating the corrective entry above the erroneous entry. Do not leave lines or blank spaces between entries. (See AFI 41-210, Attachment 4, *Correcting Health Records*).

6.1.3.2. Paper overprints, progress notes, forms, consents, flow sheets, etc. must comply with documentation guidelines for thorough completion, be dated, and contain legible initials, signature, rank and duty title.

6.1.4. Development of forms, overprints, consents, questionnaires, flow sheets, etc., or use of commercial documents, whether paper or electronic, must be IAW AFI 33-360 and coordinated with the Chief Nurse and in AD MTFs with the Chief, Medical Staff and approved by ECOMs and the Medical Records function. In RMUs and MDGs, coordination will be made with the CN and senior physician, and approved by the Executive Management Committee.

6.1.5. Forms utilized by the organization's documentation system are maintained as a permanent part of the patient's health record with the exception of AF Form 3259, *Work Activity Sheet*.

6.1.6. Aeromedical Evacuation Documentation. Aeromedical Evacuation documentation will be accomplished IAW AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*.

6.2. Verbal Orders. Registered Nurses may accept verbal orders only in cases of emergency, IAW National Patient Safety Goal guidance. Verbal orders must be signed by the prescribing provider prior to the patient's release from an ambulatory care setting, or within 24 hours if the patient is hospitalized. The individual giving the order verifies the complete order by having the nurse receiving the information first record the information, and then "read-back" the complete order.

6.2.1. Independent Duty Medical Technicians (IDMT) may accept verbal orders from their preceptors IAW AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, and IAW National Patient Safety Goal guidance. Documentation must be accomplished on the patient care form and counter signed by their preceptor within 72 hours. The individual giving the order verifies the complete order by having the IDMT receiving the information first record the information, and then "read-back" the complete order.

6.3. Telephone Orders. Registered Nurses may accept telephone orders when providers are geographically separated from the unit. Telephone orders must be transcribed and then read back to the provider, IAW National Patient Safety Goal guidance. The individual giving the order verifies the complete order by having the nurse receiving the information first record the information and then "read-back" the complete order. The entire order must be annotated as Read Back (RB) and verified with the provider prior to the nurse signing the order and proceeding. Telephone orders must be signed by the provider as soon as possible after the provider arrives to the unit.

CHARLES B.GREEN, Lt General, USAF, MC, CFS
Surgeon General

Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

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AFPD 46-1, *Nursing Services*, 1 September 2011

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AFI 41-307, *Aeromedical Evacuation Patient Considerations and Standards of Care*, 20 August 2003

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AFI 44-103, *The Air Force Independent Duty Medical Technician Program*, 1 May 2005

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Abbreviations and Acronyms

AAAHHC—Associations for Ambulatory Health Care

AACN—American Association of Critical Care Nurses

AD—Active Duty

ADP—Airmen Development Plan

AES—Aeromedical Evacuation Squadron

AFI—Air Force Instruction

AFMOA—Air Force Medical Operations Agency

AFMS—Air Force Medical Service

AFPD—Air Force Policy Directive

AFRC—Air Force Reserve Command

AFSC—Air Force Specialty Code

ANG—Air National Guard

ARC—Air Reserve Component

CFETP—Career Field Education and Training Plan

CN—Chief Nurse

DoD—Department of Defense

DT—Development Team

FHO—Family Health Operations

FHT—Family Health Team

FM—Functional Manager

GS—Government Service

HCO—Health Care Optimization

HQ USAF—Headquarters United States Air Force

MAJCOM—Major Command

MTF—Medical Treatment Facility

NC—Nurse Corps

RMU—Reserve Medical Unit

R-ODP—Reserve Officer Development Plan

SG—Surgeon General

SGN—Nursing Services

STARS—Sustainment Training to Advance Readiness Skills

STARS—P - Sustaining Trauma and Resuscitation Skills Program

SURF—Single Uniform Retrieval File

USAF—United States Air Force